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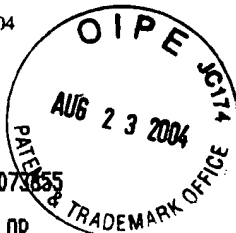
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23117 7590 06/17/2004

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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/073,855	02/14/2002	John J. O'Mahony	3659-40	6324

TITLE OF INVENTION: METHOD AND APPARATUS FOR AN EXTRACORPOREAL TREATMENT DEVICE TO CONTROL BLOOD WITHDRAWAL AND INFUSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEAK, LESLIE R	3762	604-006110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 NIXON & VANDERHYE P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CHF SOLUTIONS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MINNETONKA, MINNESOTA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature) *JH Nelson* (Date)

Jeffrey H. Nelson, Reg. No. 30,481

8/23/2004

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